

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90721 001 ***300.00

AV 01140004

DOCUMENT # P00000085389

1. Entity Name
TBL MEDIA, INC.



Principal Place of Business
**2963 GULF TO BAY BLVD
SUITE 325
CLEARWATER FL 33759**

Mailing Address
**2963 GULF TO BAY BLVD
SUITE 325
CLEARWATER FL 33759**



2. Principal Place of Business
304 S. BELCHER RD.

3. Mailing Address
See left

Suite, Apt. #, etc.
CLEARWATER, FL

Suite, Apt. #, etc.

City & State
33765

City & State

4. FEI Number **59-3676312**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip **↑** Country **USA**

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, DARRELL C
101 E KENNEDY BLVD
SUITE 2800
TAMPA FL 33602**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	DAVIS, RICHARD J
STREET ADDRESS	2963 GULF TO BAY BLVD SUITE 325
CITY-ST-ZIP	CLEARWATER FL 33759
TITLE	VP <input type="checkbox"/> Delete
NAME	NGUYEN, THUONG
STREET ADDRESS	2963 GULF TO BAY BLVD STE 325
CITY-ST-ZIP	CLEARWATER FL 33759
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/6/03** Daytime Phone # **127/224/9595**

CR2E034 (10/02)